

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39210  
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 34 Primary Registration District No. 34 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Ashland</u> OR TOWN <u>Ashland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <u>Ashland</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ashland</u> Length of stay in 1b				d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Ann Elizabeth</u> Last <u>Mc Dow</u>				4. DATE OF DEATH <u>Nov. 15 1957</u> Month <u>Nov</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 2 1879</u>	
9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>		11. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>13</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				11. BIRTHPLACE (City and state or country) <u>Ashland, Missouri</u>			
13. FATHER'S NAME <u>Lincoln Nichols</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Perkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>111111</u>		17. INFORMANT <u>Ida McDow</u> Address <u>Ashland, Missouri</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Ischemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Arterio Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>443X</u>						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>11</u> Month <u>6</u> Day <u>57</u> a. m. <u>12:30</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Ashland, Mo.</u>		COUNTY <u>Boone</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>11-6-57</u> to <u>11-15-57</u> and last saw her <u>alive</u> on <u>11-15-57</u> Death occurred at <u>12:30</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <u>James E. Steffen Jr.</u>				22b. ADDRESS <u>Ashland, Mo.</u>		22c. DATE SIGNED <u>11-16-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 17 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Goshen Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ashland, Mo.</u>	
24. FUNERAL DIRECTOR <u>W. C. Burnett</u> ADDRESS <u>Ashland, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 16-1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DEC 2 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W<sup>m</sup> L. Burnett*

Licensed Embalmer No. *256*

P. O. Address *Rockland,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.